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Atty Docket No. 015280-397100US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Haddad, Maher M.

Group Art Unit 1644

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CERTIFICATION OF FACSIMILE TRANSMISSION

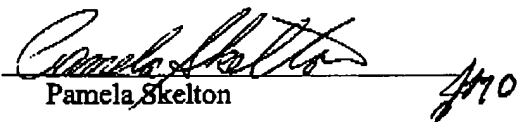
I hereby certify that the following documents in re Application of ROBERTS and KRUTZSCH, Application No. 10/030,735, filed January 9, 2002 for PEPTIDES AND THEIR UTILITY IN MODULATION OF BEHAVIOR OF CELLS EXPRESSING A3B1 INTEGRINS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 pg.)
2. Petition for Extension of Time (1 pg., 1 dup.)
3. Amendment Under 37 CFR 1.116 Expedited Procedure Examining Group 1644 (14 pgs.)

Number of pages being transmitted, including this page: 18

Dated: February 10, 2006


Pamela Skelton

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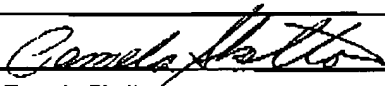
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PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/030,735	
	Filing Date	January 9, 2002	
	First Named Inventor	David D. Roberts	
	Art Unit	1644	
	Examiner Name	Haddad, Maher M.	
Total Number of Pages In This Submission	17	Attorney Docket Number	015280-397100US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Kawai Lau		
Date	February 10, 2006	Reg. No.	44,461

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